


Call to Order / Roll Call

STATE OF ALASKA 2021

State Holidays

Date	Holiday
01/01	New Year's Day
01/18	MLK Jr.'s Birthday
02/15	Presidents' Day
03/29	Seward's Day
05/31	Memorial Day
07/04	Independence Day (observed 7/5)
09/06	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/25	Thanksgiving Day
12/25	Christmas Day (observed 12/24)
01/01/22	New Year's Day (observed 12/31/21)

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://dos.alaska.gov/calendars.html>
Revised 12/16/2019

HOLIDAY CALENDAR

JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

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28						

MARCH

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APRIL

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MAY

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30	31					

JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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31						

NOVEMBER

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DECEMBER

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26	27	28	29	30	31	



STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING BOARD OF DENTAL EXAMINERS

MISSION STATEMENT

To protect the health, safety, and welfare of Alaskans by ensuring that practitioners possess competency, ethical standards, and integrity necessary to offer or deliver quality services to consumers.

VISION STATEMENT

To ensure that all Alaskans receive the best possible dental care.

Dental Board Roster

David Nielson, DDS – *Board President*

Kelly Lucas, DDS

Jesse Hronkin, DDS

Dominic Wenzell, DMD

Jon Woller, DDS

Greg Johnson, DDS

Brittany Dschaak, RDH

Christina Hansen, RDH

Bradley Heaston, Public Member

Ethics Report

MEMORANDUM

State of Alaska Department of Law

TO:

DATE:

FILE NO.:

TEL. NO.:

FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section

FAX:

SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report

******SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY
ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD ******

As designated ethics supervisor and chair [executive director] for the _____, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

OR

As designated ethics supervisor and chair [executive director] for the _____, I have received ____ notification(s) of a potential violation and ____ requests for ethics determinations under the Ethics Act (AS 39.52). I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

AND

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

OR

In addition to the above, at the [date] meeting, [Board member] [Commissioner] _____ disclosed a potential conflict with respect to _____ [insert brief description] _____. Insert disposition: [S/He refrained from participation.] or [I determined s/he could [could not] participate.] or [The Board [Commission] members voted to permit [not to permit] participation.]

CONFIDENTIAL

ETHICS SUPERVISOR DETERMINATION FORM

(Board or Commission Member)

Board or Commission: _____

Member Disclosing Potential Ethics Violation: _____

I have determined that the situation described on the attached ethics disclosure form

☐ does or would violate AS 39.52.110 - .190. Identify applicable statute below.

☐ does not or would not violate AS 39.52.110 - .190.

Signature of Designated Ethics Supervisor (Chair)

Printed Name of Designated Ethics Supervisor

Date: _____

COMMENTS (Please attach a separate sheet for additional space):

Note: Disclosure Form must be attached. Under AS 39.52.220, if the chair or a majority of the board or commission, not including the disclosing member, determines that a violation of AS 39.52.110 - 39.52.190 will exist if the member participates, the member shall refrain from voting, deliberating, or participating in the matter. A member will not be liable under the Ethics Act for action in accordance with such a determination so long as the member has fully disclosed all facts reasonably necessary to the determination and the attorney general has not advised the member, chair, or board or commission that the action is a violation. Forward disclosures with determinations to the State Ethics Attorney as part of your quarterly report. Quarterly reports are submitted to Litigation Assistant, Opinions, Appeals & Ethics, Department of Law, 1031 W. 4th Avenue, Suite 200, Anchorage, AK 99501.

Revised 2012

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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State of Alaska Department of Law

Ethics Information for Members of Boards & Commissions (AS 39.52)

Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.



Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

Disclosure Procedures

DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

REPORTS BY THIRD PARTIES (AS 39.52.230)

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

CONFIDENTIALITY (AS 39.52.340)

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

HEARINGS (AS 39.52.350-360)

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

PERSONNEL BOARD ACTION (AS 39.52.370)

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

PENALTIES (AS 39.52.410-460)

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

Benefit - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

Board or Commission - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

Designated Ethics Supervisor - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

Financial Interest - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

Immediate Family - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

Official Action - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

Personal Interest - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney
Alaska Department of Law
1031 West 4th Avenue, Suite 200
Anchorage, Alaska 99501-5903
(907) 269-5100
attorney.general@alaska.gov

Revised 9/2013

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State of Alaska

Department of Law

Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
 1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
 1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or jonathan.woodman@alaska.gov. Please direct questions about reporting procedures to Kim Halstead at 269-7195 or kimberly.halstead@alaska.gov.

6/14

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
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Review / Approve Agenda

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING

BOARD OF DENTAL EXAMINERS AGENDA
May 14, 2021

Teleconference

Meeting ID: 979 8766 2063

Registration Link: <https://zoom.us/join/join?secret=6uqDkqHNcWh0X3Oo0Mrk7J1cZMHhly>

Remote Call in Number: 1-253-215-8782

AGENDA

<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1. 9:00 AM	Call to Order/Roll Call <ul style="list-style-type: none">• Ethics Report• Review/Approve Agenda	Chair
2. 9:15 AM	Review/Approve Minutes	Chair
3. 9:30 AM	Investigations <ul style="list-style-type: none">• Executive Session	Bautista
4. 10:00 AM	Division Update <ul style="list-style-type: none">• 3rd Quarter Report	Division Staff
5. 11:00 AM	Break	
6. 11:15 AM	PDMP Report <ul style="list-style-type: none">• PHA Board Proposed Changes• PDMP Penalty Matrix	Sherrell
7. 12:00 PM	Lunch	
8. 1:00 PM	Public Comment	Chair
9. 1:15 PM	NPDB Reports for Renewals <ul style="list-style-type: none">• Executive Session	Chair
10. 1:45 PM	Old Business <ul style="list-style-type: none">• Sleep Apnea Letter• Interstate Compact Discussion<ul style="list-style-type: none">○ AADB Letter	Chair

11. 2:15 PM

New Business

Chair

- Annual Report
- Future Board Meetings
 - Friday, August 20
 - Friday, December 3

12. 3:00 PM

Adjourn

Chair

DRAFT

**Review / Approve
Past Meeting
Minutes**

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 Minutes of the meeting on
6 March 15, 2021
7

8 These are DRAFT minutes prepared by the staff of the Division of Corporation, Business, and
9 Professional Licensing. These minutes have not been approved by the Board.

10 By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provision of Article 6 of AS
11 44.62, a meeting of the Board of Dental Examiners was held March 15, 2021, via Zoom
12 Videoconferencing.

13 On record at 9:00 AM

14 The meeting was called to order by Dr. Nielson at 9:00 AM.

15 Agenda Item 1 – Roll Call

16 Board members present, constituting a quorum, were:

17 Dr. Greg Johnson
18 Ms. Christina Hansen
19 Dr. Dominic Wenzell
20 Dr. David Nielson – Board President
21 Dr. Jesse Hronkin
22 Mr. Brad Heaston – *joined 10:47 AM*
23 Ms. Brittany Dschaak

24 Board members absent:

25 Dr. Jon Woller
26 Dr. Kelly Lucas
27

28 In attendance from the Division of Corporations, Business and Professional Licensing, Department of
29 Commerce, Community and Economic Development were:

30 Abby O'Brien – Licensing Examiner
31 Joe Bonnell – Records and Licensing Supervisor
32 Melissa Dumas – Administrative Officer -*Joined 9:35 AM*
33 Lisa Sherrell – PDMP Manager – *Joined 10:30 AM*
34 Jasmin Bautista – Investigator – *Joined 9:22 AM*
35 Karina Medina – Investigator – *Joined 9:26 AM*
36

37 Members of the Public in attendance:

38 Dr. David Logan
39 Dr. Vivian Lee
40 Dr. Anthony Zeibert - *Joined at 2:10 PM*
41
42

Dr. Nielson welcomed the incoming board members to their first meeting and thanked them for their time. Before proceeding, Dr. Nielson recognized that one of the new board members, Ms. Hansen, works directly under another board member, Dr. Woller. Dr. Nielson asked for a statement from Ms. Hansen saying that her employment from Dr. Woller would not affect her board decisions. Ms. Hansen affirmed this statement.

Agenda Item 2 - Review/Approve Agenda – 9:06 AM

Dr. Nielson presented the following amendments to the agenda: Adding a section about new PREP Act rules allowing licensees to perform COVID vaccinations; Adding a section to Old Business to discuss the ongoing process of moving responsibility of Radiological Equipment Registration to DHSS and former SB157; and asking if any public comments had been pre-registered. Ms. O'Brien had no pre-registered comments, so Dr. Nielson moved to accept the agenda with amendments.

On a motion duly made by Dr. Wenzell, seconded by Dr. Hronkin, and with unanimous consent, it was RESOLVED that the Board accept the agenda for the meeting as amended.

Agenda Item 3 - Review/Approve Minutes – 9:10 AM

For the October 16 minutes, Dr. Wenzell requested to change line 92 to add the word "not" before "...getting a fair breakdown". Dr. Nielson noted that his name was spelled incorrectly. For the December 4 minutes, Dr. Nielson noted that his name was spelled incorrectly. Ms. O'Brien stated that she would make the necessary adjustments to both sets of minutes.

On a motion duly made by Dr. Wenzell, seconded by Dr. Hronkin, and with unanimous consent, it was RESOLVED that the Board accept both board minutes as amended. 9:14 AM

As the board was ahead of schedule, Dr. Nielson provided an introduction to sections 28.951(e)(f) and 28.940(b)(8)(c) in the Dental Statutes and regulations. He suggested that a change might be in order, and the Board would eventually need to review and update these regulations as necessary.

Ms. Dschaak asked if Board Guidance set forth in November of 2020 was still applicable. Dr. Nielson replied that the Board's recommendations were still in effect. He stated that the recommendations could be updated, and that he would ask Dr. Woller to evaluate and adjust them.

Agenda Item 4 – Public Comment – 9:24 AM

Dr. Nielson moved Public Comment forward while the board was waiting for the Investigations Team. He asked if there were any statements or questions. Dr. Logan asked for clarification or any new information regarding COVID testing and vaccination to present to licensees. Dr. Nielson replied that they would need to contact the CDC for protocol review and recommendations.

Agenda Item 5 – Investigations Report – 9:27 AM

Ms. Bautista began the Investigations Report, presenting cases back to 2017, and stating that some licensees had multiple cases open, with multiple dates.

Dr. Wenzell asked how many cases have been started in 2021, and how many were open and active. He also asked when the Investigations Department anticipated resolutions to the cases that were dated back to 2017. Ms. Bautista replied that to determine actions that were taken in the older cases, that the

81 court docket needs to be pulled, and that all court dates and processes had been affected due to COVID.
82 Dr. Nielson asked if attorney's fees and litigation fees were billed to the board, and Ms. Bautista replied
83 that they were.

84 On a motion duly made by Ms. Dschaak and seconded by Dr. Nielson, it was **MOVED** that the Alaska
85 State Board of Dental Examiners enter into executive session in accordance with AS 44.62.310 (c), and
86 Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing matters which by law,
87 municipal charter, ordinance are required to be confidential, with all board staff to remain during the
88 session.

89 *Off Record at 9:37 AM*

90 *On Record at 9:59 AM*

91
92 On a motion duly made by Dr. Nielson, seconded by Dr. Wenzell, and with unanimous consent, it was
93 **RESOLVED** that the Board adopt modifications to the consent agreement for Case #2019-001427 as
94 requested by the respondent. 10:00 AM

95 **Agenda Item 6 – Division Update - 10:02 AM**

96 Dr. Wenzell left at 10:04 AM and returned at 10:07 AM, but the board still maintained quorum.

97 Ms. Dumas provided an introduction to the Dental Program's revenues and expenditures for the
98 Second Quarter using the three previous bienniums for comparison. She also outlined the cost of
99 Investigations for the board. Dr. Wenzell asked for clarification of Division timeline as to when indirect
100 costs were calculated. Ms. Dumas replied that the numbers were calculated beforehand and were up to
101 date, explaining that indirect costs are charged after year end, and not on a quarterly basis. She also
102 stated that the numbers shown reflect the removal of perpetual license types and the subsequent costs
103 had been adjusted.

104 Ms. Dumas introduced SB68 and explained that the Division requested money for programs in deficit
105 that couldn't increase their fees for this renewal period. She said that the Dental board falls under this
106 category. She stated that this is an appropriation not a loan. Ms. Dumas said that the Division had sort
107 of "savings account" in the general fund that is distributed when needed. She added that the Dental
108 Programs new fees won't take effect until after this renewal period closes. She stated that the Division
109 will do another fee analysis after the renewal period closes, and that the Division has taken the Board's
110 suggestions into consideration regarding reviewal of indirect expenses.

111 Ms. Dumas suggested that the Board create a letter of support for SB68. Dr. Nielson volunteered to
112 write one and add it to OnBoard for a vote of approval.

113 **Agenda Item 7 – PDMP Report – 10:30 AM**

114 Ms. Sherrell informed the board that the New Appriss contract had been secured. Now, licensees can
115 email each other through the database and communicate and exchange information within the system.
116 DEA and AWARE Registration were reviewed, and Ms. Sherrell offered an opportunity for education for
117 the program's licensees after renewals are completed. She affirmed that direct dispensers required to
118 report daily and recommended that the board needs to make sure providers know they cannot
119 prescribe before being registered with PDMP. Ms. Sherrell discussed previous actions used to
120 disseminate information to licensees, including town hall type meetings, and making sure a penalty

matrix is in place to convey the seriousness of infractions. Dr. Wenzell asked if the Dental Board could see the letter previously sent by the Pharmacy Board and adjust it to the Dental program's specific needs. Ms. Sherrell said yes and would send a copy of the letter to Ms. O'Brien.

Ms. Sherrell added that the PDMP will send out questionnaire again to licensees for data analysis on how licensees are using the program. She will try to put together videos or a presentation with the information gathered. Dr. Nielson asked if a letter from board and ADS would help reach more licensees. Dr. Logan agreed, and said the letter would act as something the ADS can reference. He then asked if the 72-hour surgery exemption had been recorded. Ms. Sherrell replied that surgical exemptions are already considered in data.

Dr. Johnson stated that the board needs to better define terms and purpose for the PDMP program to get info for licensees, or progress cannot be made in ensuring compliance. Dr. Logan agreed to help spread info in newsletter from the ADS. Ms. Sherrell offered to write an article for newsletter and will get it prepared and send to Ms. O'Brien to present to Board.

Dr. Wenzell asked about difficulties during renewal with creating a payment tab for the PDMP renewal fee and a lag between renewal times. Ms. O'Brien and Mr. Bonnell explained that the PDMP and Dental licenses are separate registrations in the system and are billed separately, and that a lag occurs because each license has to be checked manually.

Dr. Nielson moved for a 15-minute break before continuing with the agenda.

Off record at 11:13 AM

On Record at 11:24 AM

Agenda Item 8 – Old Business – 11:25 AM

Dr. Nielson reviewed moving Radiological Equipment to DHSS and SB157 and asked if there was any sort of status report. Mr. Bonnell replied that there were no updates from the Division. Dr. Logan stated that he did ask the ADS's lobbyist to reach out, but it was a question of finding a spot in the legislative schedule and determining its importance. Dr. Nielson asked if a letter of support would help the ADS to advance the bill's priority. Dr. Logan responded that the best course of action is to have a letter ready to be submitted to the legislature so that it could help bring weight to the processes. Dr. Johnson asked if the board could write a letter and send it directly to the Governor. Mr. Bonnell replied that if an existing statement is ready, it can be added to the bill analysis for the Division when the bill gets dropped. Dr. Nielson agreed to draft a letter and add it to OnBoard.

Dr. Nielson then moved the board to take care of New Business items in the time before the scheduled break for lunch.

Agenda Item 9 – New Business – 11:31 AM

Ms. O'Brien offered to establish a schedule for uploading ballots to OnBoard to reduce the number of missed votes. The board confirmed that this would help to expedite the licensure process and assist with establishing everyone's voting schedule, so Ms. O'Brien would start the procedure with her next batch of applicants.

Dr. Wenzell presented a disciplinary matrix from the State of Washington. He was asked by Ms. Bautista to help develop a comparable matrix for the State of Alaska. He stated that the Investigations Department wants to establish a system of fines that is high enough to be punitive, yet not so high that a licensee appeals the decision. Dr. Wenzell offered to create a fine schedule and add it to the existing chart, so that the Investigations Team would have disciplinary framework for violations of conduct by licensees. Dr. Nielson asked if the board had authority to create the matrix. Mr. Bonnell stated that if the board approved the matrix, then a regulation change would not be necessary. Dr. Johnson recommended that Dr. Wenzell include Ms. Bautista when determining the appropriate size of the fines to be added, to reduce their appealability.

After finishing the New Business Items, the Board adjourned for lunch.

Off record at 11:51 AM

On Record at 1:00 PM

Agenda Item 10 – Regulations Update – 1:01 PM

Dr. Nielson introduced SB86 and HB15. He reintroduced a letter that had addressed concerns issuance of temporary licenses. He asked if the board has the authority to issue temporary licenses. Mr. Bonnell replied that discussions between himself, Ms. O'Brien and the Regulations staff regarding the intent of the board with issuing temporary licenses had occurred. Mr. Bonnell said that these bills passing would allow the board to determine the standard by which licenses can be issued. He stated that the bills must pass first to grant the board the authority to do so. Mr. Bonnell added that the current Dental temporary license for incapacitated dentists would be removed and replaced with the new temporary permit when the bills pass. He added that the board could prepare questions for the Division and hold an emergency meeting on one topic.

Dr. Nielson introduced 12 AAC 28.940 (b)(8)(c). He explained the various pathways to licensure. He proposed changing the regulation requirement from a 2-year GPR to a 1-year GPR, thus allowing an applicant to bypass the regional exam when applying for a specialty license. He cited other states using residencies as an exam equivalent for his reasoning. Dr. Wenzell concurred, stating that as long as the regulation leaves in "CODA Accredited (non-foreign)". Ms. Hansen and Dr. Johnson agreed.

Dr. Nielson then introduced 12 AAC 28.951 (c)(2) regarding exam equivalency, and section (e) which provided a list of criteria that must be met. Regarding exams, Dr. Nielson stated that the board had never compared an application against the list in section (e) when determining equivalency. He stated that removing subsections (e), (f), and (h) would be appropriate if an applicant's regional examination is performed within the United States and is generally equivalent.

Dr. Johnson concurred, noting that having regulations that the board doesn't use could potentially be harmful to the board. Dr. Nielson asked if the board could make a motion and wait for the temporary license legislature to go through. Mr. Bonnell replied yes, and that the board should put together questions for Ms. O'Brien to present to the Regulations team. He said they would then review the questions and determine whether the board could hold a special meeting to adjust the regulation changes as needed.

On a motion duly made by Dr. Nielson, seconded by Dr. Wenzell, and with unanimous consent, it was RESOLVED that the Board amend 12 AAC 28.940 (b)(8)(c) from 2-Year to 1-Year.

200 On a motion duly made by Dr. Nielson, seconded by Dr. Wenzell, and with unanimous consent, it was
201 RESOLVED that the Board amend 12 AAC 28.951 by striking (e), (f), and (h) and by renumbering as
202 necessary. 1:27 PM

203 Dr. Nielson introduced a case where an applicant asked to sit in on a WREB exam with a letter of support
204 from the military serving as verification of her credentials. The board had previously recommended that
205 the applicant take the WREB exam to secure her Local Anesthesia certification. Dr. Nielson noted that
206 WREB has much of the same criteria as the state. He continued that even if military signs off on the
207 applicant's abilities and the board recommends the applicant to take the exam, WREB still has
208 requirements that still must be met. Dr. Nielson asked Ms. O'Brien to list the criteria for the applicant so
209 that she knows what requirements are still needed. Ms. O'Brien offered to forward the information
210 from WREB to the applicant and let her know of the decision.

211 Dr. Nielson then introduced a previous letter of support the board had written in favor of HB127 on
212 March 9 of 2020. He asked permission to re-write the letter to include information and dates pertinent
213 to HB111 and to re-present the letter to the Division.

214 On a motion duly made by Dr. Johnson, seconded by Dr. Hronkin, and with unanimous consent, it was
215 RESOLVED that Dr. Nielson amend the letter of support dated March 9, 2020 and make it current with
216 reference to HB111. 1:41 PM

217 Dr. Nielson introduced letters regarding the recommendation of HSAT tests by dentists, and the
218 concerns brought forth by the American Academy of Sleep Medicine. He stated that the Board had
219 addressed the ability to recommend HSATs at the December 2020 meeting, and that consensus was that
220 dentists were able to recommend the tests, as long as a licensed sleep physician interpreted the results
221 and developed the patient treatment plan. Dr. Wenzell stated that he had been in contact with Dr.
222 Easley, a dentist and member of AASM, who offered to come present on sleep apnea to the board
223 should they ask. Dr. Wenzell thought that Dr. Ramar, who sent the email and letter from AASM, might
224 want a position statement from the board. He added that maybe Dr. Ramar could be under the
225 impression that dentists in Alaska are interpreting the results of the HSATs that are being
226 recommended, which the board does not approve. Dr. Wenzell agreed to write a position statement to
227 add to OnBoard for the Board to review and then send to AASM. Dr. Johnson conferred, and said that
228 this is the kind of collaborative process and screening that allows for better patient care.

229 **Agenda Item 11 – New Business – 2:15 PM**

230 Dr. Nielson introduced licensing compacts while waiting for Dr. Zeibert to sign on. He said that he
231 received an email earlier today stating that the Department of Defense had granted approval to the
232 dental profession to begin creation of an interstate licensing compact. Dr. Nielson stated that this
233 conversation came about as the Nursing board has started the process for their own interstate compact,
234 and that the Dental Board will write a letter of support for them. He then moved for a quick break
235 before Dr. Zeibert started his presentation.

236 *Off record at 1:54 PM*

237 *On Record at 2:12 PM*

238

239 Dr. Zeibert began his presentation by acknowledging the National Center for Interstate Compacts and
240 the Council of State Governments. He then defined an interstate compact as an agreement between

states as a means to provide "substantive sameness". He also defined it as a means of cooperatively solving common concerns when regarding Occupational and Professional Licensure. He stated that this process was begun, under concern of a federally mandated solution, as a means for regulating consumer prices driven by the number of licensed occupations. After listing the references he cited, Dr. Zeibert presented some of the benefits of a compact, such as agreement on uniform licensure requirements, formation of information system or database, and streamlined background checks. Dr. Zeibert explained that a compact is supra-state, but sub-federal in its authority, and is opt-in, but not opt-out. He then outlined how state licensure processes remain in place, and licensees voluntarily become part of the compact. Dr. Zeibert then said that as of this morning, the field of dentistry had been awarded the grant to start the process of creating a dental compact. He estimated the timeline of commencement of the active compact to be in 2022-2023.


Dr. Nielson inquired to disciplinary measures of a state. Dr. Zeibert replied that any state in the compact may open a case, and the licensee is held to disciplinary guidelines of his or her home licensure state. He added that once a case is open against a licensee, the record is flagged in the database, so all states are made aware of any license actions. Dr. Nielson asked about the operating costs of the compact. Dr. Zeibert replied that operating costs and database maintenance is directly tied to an individual's state licensing fees and costs. He added that dentists and dental hygienists are treated as a single entity by the Department of Defense, as they are recognized as a synergistic relationship. At the conclusion of his presentation, Dr. Zeibert offered to send his PowerPoint to Ms. O'Brien as a resource for the board.

Dr. Nielson reviewed the task list for board members. He said that he would write various letters: Support for SB68, support for the Nursing Board and SB67, Support for dental hygienists and HB111, a letter to the Division regarding radiological equipment, and an informational letter regarding the PDMP using Ms. Sherrell's template. He asked Ms. Hansen to contact Dr. Woller to review and update the COVID guidelines for licensees. Ms. Hansen said she would see Dr. Woller the following day and complete his request. Dr. Wenzell was going to develop a penalty matrix for Professional Misconduct using the Washington Statutes previously presented. Ms. O'Brien agreed to set the dates for the next quarterly meetings in May, August, and December.

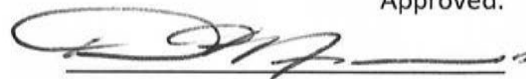
On a motion entertained by Dr. Nielson and seconded by Dr. Johnson, and with unanimous consent, the Board moved to adjourn at 2:50 PM.

Off Record at 2:51 PM

Respectfully Submitted:

 5/7/2021
Abby O'Brien
Occupational Licensing Examiner

Approved:


David Nielson, DDS, President
Date: May 5, 2021

Investigations Report

Division Update

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Dental Examiners	FY 14		FY 15	Biennium	FY 16		FY 17	Biennium	FY 18		FY 19	Biennium	FY 20		FY 21							
															1st - 3rd QTR							
Revenue																						
Revenue from License Fees	\$	75,095	\$	479,846	\$	554,941	\$	103,201	\$	686,060	\$	789,261	\$	179,011	\$	636,660	\$	815,671	\$	77,965	\$	434,865
Allowable Third Party Reimbursements		-		-		-		-		-		127		127		-		-		-		-
TOTAL REVENUE	\$	75,095	\$	479,846	\$	554,941	\$	103,201	\$	686,060	\$	789,261	\$	179,011	\$	636,787	\$	815,798	\$	77,965	\$	434,865
Expenditures																						
Non Investigation Expenditures																						
1000 - Personal Services		61,692		76,334		138,026		95,580		68,010		163,590		113,144		117,120		230,264		105,784		86,674
2000 - Travel		12,796		14,040		26,836		8,138		5,286		13,424		9,189		5,862		15,051		2,232		-
3000 - Services		7,534		21,614		29,148		16,955		27,740		44,695		26,606		62,283		88,889		11,450		6,022
4000 - Commodities		525		1,102		1,627		427		846		1,273		493		309		802		605		64
5000 - Capital Outlay		-		-		-		-		-		-		-		-		-		-		-
Total Non-Investigation Expenditures		82,547		113,090		195,637		121,100		101,882		222,982		149,432		185,574		335,006		120,071		92,760
Investigation Expenditures																						
1000-Personal Services		92,394		40,575		132,969		36,948		99,335		136,283		51,494		115,538		167,032		119,771		45,963
2000 - Travel																-		-		-		-
3023 - Expert Witness		15,637		-		15,637		-		14,800		14,800		14,800		-		14,800		-		800
3088 - Inter-Agency Legal		81,128		29,978		111,106		536		15,896		16,432		8,011		29,796		37,807		56,993		2,675
3094 - Inter-Agency Hearing/Mediation		1,619		3,845		5,464		-		2,976		2,976		1,264		563		1,827		2,496		20,203
3000 - Services other																579		579		169		22
4000 - Commodities																-		-		-		-
Total Investigation Expenditures		190,778		74,398		265,176		37,484		133,007		170,491		75,569		146,476		222,045		179,429		69,663
Total Direct Expenditures		273,325		187,488		460,813		158,584		234,889		393,473		225,001		332,050		557,051		299,500		162,423
Indirect Expenditures																						
Internal Administrative Costs		61,643		43,586		105,229		64,849		112,465		177,314		113,011		129,737		242,748		71,838		53,879
Departmental Costs		28,056		29,915		57,971		27,858		58,120		85,978		57,385		72,191		129,576		36,414		27,311
Statewide Costs		18,528		16,586		35,114		9,544		16,002		25,546		18,400		24,144		42,544		29,715		22,286
Total Indirect Expenditures		108,227		90,087		198,314		102,251		186,587		288,838		188,796		226,072		414,868		137,967		103,476
TOTAL EXPENDITURES	\$	381,552	\$	277,575	\$	659,127	\$	260,835	\$	421,476	\$	682,311	\$	413,797	\$	558,122	\$	971,919	\$	437,467	\$	265,899
Cumulative Surplus (Deficit)																						
Beginning Cumulative Surplus (Deficit)	\$	180,038	\$	(126,419)			\$	75,852	\$	(81,782)			\$	182,802	\$	(51,984)			\$	26,681	\$	(332,821)
Annual Increase/(Decrease)		(306,457)		202,271				(157,634)		264,584				(234,786)		78,665				(359,502)		168,966
Ending Cumulative Surplus (Deficit)	\$	(126,419)	\$	75,852			\$	(81,782)	\$	182,802			\$	(51,984)		26,681				(332,821)		(163,855)
Statistical Information																						
Number of Licenses for Indirect calculation		2,314		2,448				2,461		4,774				5,144		5,350				2,337		
Additional information:																						
• Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses *																						
• Most recent fee change: Fee change FY19																						
• Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.																						

BREAK TIME

PDMP Report

Alaska Prescription Drug Monitoring Program
Summary Prepared for the Board of Dental Examiners
May 2021



This report contains summary data from the Prescription Drug Monitoring Program (PDMP). Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices:

- The new Apriss contract started April 1st. Updated user manuals and dispensation guides will be uploaded soon to pdmp.alaska.gov.
- License integration is tentatively scheduled to go live on June 15th. Need to upgrade the specifications to include the newly created license types.
- The Awareness and Feedback Questionnaire is in development and will be available in June

Registration

Portal (Professional license system)

Number of licensed Dentists: 857
Number of Dentists with DEA registrations: 715
Number of PDMP Dental registrations: 463
Directly dispensing controlled substances: 10
Compliance rate (DEA and PDMP registrations): 65%

AWARxE (PDMP)

Number registered with the PDMP: 691

Use – Review Compliance

Federally scheduled II – III, over a three-day supply (some specialties omitted)
Q4 2020: 5.92% (439 dispensations; 26 searched)
Q1 2021: 4.69% (384 dispensations; 18 searched)

MME Use (Q4 2020/Q1 2021)

Number of patients treated with over 90 MME: 48 (decrease of 2 patients)
Number of patients treated with over 120 MME: 15 (increase of 1 patient)
Number of patients treated with dangerous combinations (benzodiazepines and opioids): 282
(increase of 4 patients)

Delinquent Reporters

Providers who directly dispense are required to report daily. A letter clarifying the status of the providers who indicated they are directly dispensing will be sent after all the PDMP registrations have been processed. When the next compliance report is generated in July 2021, a list of delinquent reporters will be sent to the board staff with sample letters from the Board of Pharmacy.

Recommendations

- Encourage increased reviewing, including the use of delegates
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations

Alaska Prescription Drug Monitoring Program
Summary Prepared for the Board of Dental Examiners
May 2021



- Develop a plan for communication with licensees about mandatory reporting

Contract Updates

- A Communications Module allowing provider-to-provider communication within the PDMP will be launched soon. The quick start guide is complete, and instructions will be in the updated AWARe user manual. Launch date TBD.
- We were recently notified of additional grant funding available to purchase the Provider Outlier Module. This module will identify prescribers whose prescribing habits could potentially have negative repercussions on their patients.
- We are discussing the Delinquent Reporting Notice with the states who have implemented the system and are anticipating enabling this feature once license renewals have completed. This enhancement will send notices to providers when at least one day of reporting is missed.

MME Use

Q4 2020/Q1 2021

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

CDC checklist for prescribing opioids -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDC_06.2018.pdf

CDC guidelines for prescribing opioids for chronic pain -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDCPain_2018.10.pdf

Provider Type	# Providers Prescribing at Least Once	# Providers Who Reviewed 0 Patients	# Providers Prescribing >90MME	# Providers Prescribing >120MME	Dangerous Combo	
					Benzo Opioid	Benzo Opioid Carisoprodol
DEN	329	55% (181)	7% (23)	3% (9)	26% (84)	0
MED	1093	22% (235)	14% (151)	14% (150)	35% (384)	2% (21)
NUR	537	19% (100)	11% (59)	7% (35)	24% (130)	2% (10)
OPT	5	80% (4)	0	0	0	0
PA	336	18% (61)	17% (58)	11% (38)	27% (92)	2% (6)
VET	191	71% (135)	2% (4)	1% (2)	4% (7)	0

State of Alaska Dental Board PDMP Penalty Matrix- Proposed

Prescribing Issues

Inappropriate prescribing due to incompetence or negligence. AS 08.36.315

Failure to practice pain management with sufficient knowledge, skills, and training and in accordance with professional standards. AS 08.36.315

Proposed Sanctions

Reprimand, Civil Fine of up to \$25,000, require Proper Prescribing Course CE, License suspension.
Discipline to be commensurate with severity of violation.

Prescribing Issues

Failure to maintain appropriate records for prescribing controlled substances. AS 08.36.315

Failure to review information from the PDMP before prescribing schedule II or III controlled substances.
AS 17.30.200 b

Failure to comply with maximum dosage for opioid prescriptions. AS 08.36.355

Proposed Sanctions

Reprimand, Civil Fine of up to \$25,000, Proper Prescribing Course CE, Medical Record Keeping CE.
Discipline to be commensurate with the severity of the violation.

Prescribing issues

Failure of a licensee who has a DEA registration to register with the PDMP when no schedule II or III controlled prescriptions have been issued. AS 17.30.200, 12 ACC 28.953

Proposed Sanctions

Civil Fine of \$1,000 for each violation. Discipline to commensurate with severity of violation.

Education Requirements

Failure of applicants for licensure to receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal DEA registration number. AS 08.36.110

Failure to no provide documentation of at least two hours of education in pain management and opioid misuse and addiction in the two years preceding application for renewal of license, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal DEA registration number. AS 08.36.070

Proposed Sanctions

Reprimand, require completion of required education before license is renewed or approved.

Unprofessional Conduct issues

Allowing an unlicensed individual to perform duties that would normally be performed by a licensed individual. AS 17.30.200(d)

Proposed sanctions

- o First time violation – Imposition of civil fine without censure or reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation or each unlicensed individual, unless there are mitigating factors.
- o Additional violations, or if mitigating factors - Reprimand; Civil Fine of up to \$10,000 for each violation or each unlicensed individual. Discipline to be commensurate with the severity of the violation.

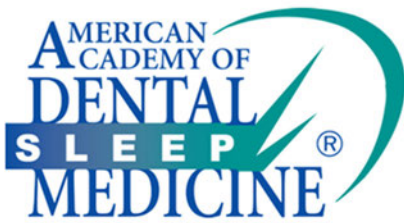


Lunch Time

Public Comment

NPDB Renewals

Old Business



March 25, 2021

David Nielson, DDS

Alaska Board of Dental Examiners

SENT VIA EMAIL: christianne.carrillo@alaska.gov

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EXECUTIVE DIRECTOR

Becky Roberts

1001 Warrenville Road,
Suite 175
Lisle, IL 60532
Phone: 630-686-9875
Fax: 630-686-9876
Web: AADSM.org

Dear Dr. Nielson:

Recently you received a letter from the American Academy of Sleep Medicine, American Academy of Neurology, American Academy of Otolaryngology - Head and Neck Surgery, and the American Thoracic Society urging you to declare that ordering and administering home sleep apnea tests (HSATs) is outside the scope of practice for dentists in your state.

The claim in the letter is that the American Academy of Dental Sleep Medicine (AADSM) position statement encourages the use of HSATs by dentists for the diagnosis of obstructive sleep apnea (OSA). Our position (Attachment A) contains no such claim. Rather, our position affirms a collaborative care model in which:

- Dentists must be trained in dental sleep medicine to order or administer HSATs.
- Licensed medical providers are responsible for initial diagnosis and verification of treatment efficacy.
- Trained dentists must communicate and collaborate with physicians to determine a mutually agreed criteria for identifying patients who are candidates for HSATs.

Our position statement outlines a model of care in which trained dentists utilize their knowledge and developed patient relationships to work in concert with physicians to help the 43 million Americans suffering from undiagnosed OSA navigate a pathway to diagnosis and treatment. Rather than encouraging dentists to diagnose OSA, our position is in fact intended to dissuade dentists from using HSATs if they are not trained or working in collaboration with physicians.

While the definition of ordering a test is universal across medicine and dentistry, the definition of administering a test can vary considerably. Administering a HSAT involves providing the test to the patient along with instructions for use; the patient is responsible for attaching sensors at home prior to bedtime.

It is important to clarify that both the American Dental Association's policy statement (Attachment B) and the American Association of Orthodontics' white paper (Attachment C) support dentists using a comprehensive medical and dental history and clinical examination to screen for OSA and state that trained dentists may use HSATs (commonly referred to as portable monitors) for the titration of oral appliances.

These papers were established prior to the publication of our position statement and offer a foundation for our collaborative care model. We have shared our position statement with both organizations, as well as with the American Association of Dental Boards.

The AADSM believes that every patient is entitled to effective treatment for OSA. We also believe that dentists and physicians need to have the ability to develop a practice model that works best for the patients in their community. In many communities, the agreed upon practice model involves the trained dentist ordering or administering HSATs for appropriate patients during certain points of the care continuum.

Dentistry provides a valuable resource for so many aspects of our health care system, and dentists are an essential resource in helping to get more patients access to treatment for OSA.

Should you have any questions about our position, please do not hesitate to reach out via email to dschwartz@aadsm.org.

Sincerely,
David Schwartz, DDS
President



January 28, 2021

**Mr. Dan Logsdon
Director, National Center for Interstate Compacts
The Council of State Governments
1776 Avenue of the States
Lexington, KY 40511**

Dear Mr. Logsdon,

The American Association of Dental Boards has many concerns regarding the portability of licensure for military spouses, as well as portability in general. As president of the AADB and a combat veteran of the Vietnam War, I am passionate about military families and how they are treated relative to licensure.

As you know, we are a country of 50 states, each with its own rights. Each of these states vary in their positions regarding portability. Some are open to the idea; many others are not. The American Association of Dental Boards would like to lead the way on expediting licensure for military spouses. This may be accomplished in several ways. One avenue is via a compact. A more efficient and less complicated pathway is creating a system for expedition within the structure that already exists.

We want to continue our communication with you, and if we can collaborate, we are open to the idea.

We as an organization stand on our own. We are not an affiliate of the American Dental Association and they do not represent us. We see ourselves in a leadership position and welcome negotiation and dialogue, as well as sharing to assist the plight of military spouses, and their families.

Warmest regards,

A handwritten signature in black ink, appearing to be 'R. Zena', is located below the 'Warmest regards,' text on the left side.

**Robert Zena, D.M.D.
President**

A handwritten signature in black ink, appearing to be 'Tonia Socha-Mower', is located below the 'Warmest regards,' text on the right side.

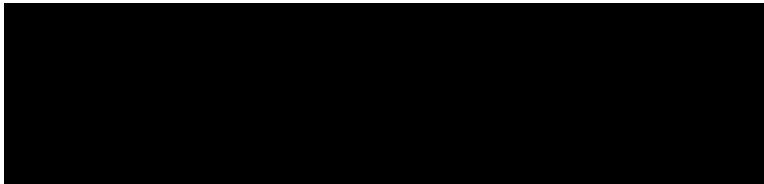
**Tonia Socha-Mower, M.B.A, Ed.D (c)
Executive Director**

From: [REDACTED]
To:
Subject: Fwd: New CDC recommendations
Date: Tuesday, May 11, 2021 10:21:20 PM

Abby,
This is the topic I wanted Jon Woller to address..didn't see it on the agenda?
Thanks
Dave N

Sent from my iPhone

Begin forwarded message:



Did you here from Jon on this? I'm adding it to the agenda and want him to lead the discussion.

Sent from my iPhone

On May 6, 2021, at 9:59 AM, David Logan [REDACTED] wrote:

In light of the new CDC recommendations (below) will the board be revising their recommendations?

4. SARS-CoV-2 Testing

- Anyone with symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test immediately.
- Asymptomatic HCP with a [higher-risk exposure](#) and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure.
 - People with SARS-CoV-2 [infection in the last 90 days](#) do not need to be tested if they remain asymptomatic, including

those with a known contact.

- In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (**regardless of vaccination status**) remain unchanged.
 - In [nursing homes](#) with an outbreak of SARS-CoV-2, HCP and residents, **regardless of vaccination status**, should have a viral test every 3-7 days until no new cases are identified for 14 days.
 - [Hospitals](#) and [dialysis](#) facilities with an outbreak of SARS-CoV-2 should follow current recommendations for viral testing potentially exposed HCP and patients, **regardless of vaccination status**.
- Expanded screening testing of asymptomatic HCP should be as follows:
 - Fully vaccinated HCP may be exempt from expanded screening testing. However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
 - In nursing homes, unvaccinated HCP should continue expanded screening testing as previously [recommendedpdf iconexternal icon](#).
 - In nursing homes located in counties with >10% positivity of viral tests in the past week, unvaccinated HCP should have a viral test twice a week.
 - If unvaccinated HCP work infrequently at these facilities, they should ideally be tested within the 3 days before their shift (including the day of the shift).
 - In nursing homes located in counties with 5–10% positivity of viral tests in the past week, unvaccinated HCP should have a viral test once a week.
 - In nursing homes located in counties with <5% positivity of viral tests in the past week, unvaccinated HCP should have a viral test once a month.
 - For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.
- Performance of pre-procedure or pre-admission viral testing is at the discretion of the facility. The yield of this testing for identifying asymptomatic infection might be lower among vaccinated patients because a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection. However, these results might continue to be useful in some situations to

inform the type of infection control precautions used (e.g., room assignment/cohorting, or personal protective equipment used).

Dave Logan, DDS

Executive Director, Alaska Dental Society

■ [REDACTED] ■ [REDACTED]

F: It's 2020, you are 4 years late learning how to scan

■ [REDACTED]

Website: www.akdental.org

"Committed to enhancing the dental profession and the health of all Alaskans"

New Business

From:
To:



Subject: WREB Meeting Dates
Date: Wednesday, April 7, 2021 10:09:12 AM
Attachments: [Redacted]

Good Morning,

I hope you all continue to be safe and well and if not yet vaccinated, close to it!

We have established Saturday, October 23 as the date for our HERB meeting this year. Due to the pandemic, we are uncertain if it will be in person or virtually. We have notified the members of this date.

We are also currently polling DERB members for a preference between Friday, October 15 and Saturday, October 16 for the final date for DERB. As soon as this is finalized, we will let you know. Again, it is TBD as to whether it will be virtual or in person.

Please let me know if you have any questions.

Beth



Beth Cole
Chief Executive Officer, Western Regional Examining Board
23460 N 19th Ave Suite 210 Phoenix, AZ 85027
[Redacted] | wreb.org



THE COMMISSION ON **DENTAL COMPETENCY** ASSESSMENTS

1304 CONOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090

TEL: 301-563-3300 | FAX: 301-563-3307

cdcaexams.org

Abby O'Brien
Alaska Board of Dental Examiners
State Office Building
333 Willoughby Avenue, 9th Floor
Juneau, AK 99811-0806

February 9, 2021

Dear Ms. O'Brien,

Greetings from the CDCA! We are pleased so many of you attended our State Board Presidents, Vice Presidents, and Executive Directors' Forum last month. It was just one of a series of events that together were Virtual Annual Meeting, 2021. We offer the summary below for you and your board.

We will be contacting you again periodically throughout the year and appreciate any pertinent updates affecting licensure examinations in your state, as well as any changes to your roster or meeting schedule you can share!

CDCA Annual Meeting Summary

The CDCA held its Annual Meeting virtually January 5-9, 2021. Nearly 600 participants took part in the General Assembly on Saturday.

Chairman Dr. Harvey Weingarten announced CDCA now consists of 36 jurisdictions with the addition of Iowa and Alaska near the close of 2020. As of January 1, every US state that allows an independent third-party examination accepts the CDCA administered ADEX Dental Examination. (Delaware conducts their own exam, and New York only allows PGY-1).

The CDCA now delivers examinations at 51 of the 66 dental schools and 108 of the 303 dental hygiene schools in the US and Canada.

Director of Examinations, Dr. Ellis Hall, reported preliminary results from the class of 2020. With the advent of the COVID pandemic, the cohort became the first to experience non-patient examinations approved by State Boards of Dentistry. More than 2,000 dental candidates successfully demonstrated readiness for practice utilizing the CompeDont™ technology for Restorative examinations.



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cdcaexams.org

A Mode Effect Study is planned for the Manikin Treatment Clinical Examination (MTCE) in Dental Hygiene to compare candidate performance on manikin and patient-based procedures.

The new members of the Board of Directors are as follows: Kathleen J. Gazzola, CDA, RDH, BS, MA (Rhode Island) and David Baasch, DDS (Vermont). Attending state contingents elected CDCA Steering Committee Members for 2020-2021.

CDCA anticipates an in-person gathering at the Gaylord Rockies Resort and Conference Center for its next Annual Meeting in January 2022.

Stakeholders may access [2021 exam schedules](#) and [ADEX Exam portability](#) maps via the CDCA website.

State Dental Board members interested in participating in the assessment process but have not done so may email Ms. Kimber Cobb at [REDACTED]

Sincerely,

Kimber Cobb
National Director, Licensure Acceptance and Portability



The Commission on Dental Competency Assessments
1304 Concourse Drive, Suite 100 | Linthicum, MD | 21090

www.cdcaexams.org

Task List

Dates with Established Quorum:

(taken from Doodle Poll)

Friday, August 20, 2021

Friday, December 3, 2021

Adjourn